

## KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

## MEDICATION AIDE CONTINUING EDUCATION Instructor Roster

This information must be typed and completed by the instructor. Submit instructor roster, renewal application forms completed by each of the trainees, **\$20.00 non-refundable fee for each applicant**, and any attachments to the Kansas Department of Health and Environment after the candidates have successfully completed the course. The trainee must attach a copy of his/her nurse aide certificate or 75-hour medication aide certificate to assist in eliminating possible delays.

structor Name:			
structor Number:	Course Number:	Course Begins://	Ends://
onsoring School Name:			
onsoring School Mailing A	ddress:		
e students on this roste lucation course in accord	er satisfactorily completed the sp dance with KAR 28-39-169c.	ecified hours of the Kansas Certific	ed Medication Aide Contin
thorized Signature		// Date	
INSTRUCTOR USE ONI NAME (Last, First, MI, O			KDHE USE ONLY

KDHE Verification Date \_\_\_\_\_

Continue on other side if necessary

Name (Last, First, MI)	
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